		Effe	ctive Oc	tober 1, 20	003	.01111201	J, 16		. 10	78	7 7	53	
		CLAIMS		D - PART					ENTITY	. 11	OTHE	R THAN	
Ŧ	OTAL CLAIM		(Colu	(Column 1)		(Column 2)		TYPE		OR	SMAL	L ENTIT	
		S .	1 2	27				RATE	FEE		RATE	FEE	
F	OR		NUMB	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.0	OR	BASIC FE	₹ 770.0	
T	OTAL CHARGE	EABLE CLAIMS	22	2 9 minus 20=		• 4		XS 9=		OR	X\$18=	77	
IN	DEPENDENT	CLAIMS	14	/ minus 3 =				X43=	1	OR	X86=	XC	
М	ULTIPLE DEPE	ENDENT CLAIM	PRESENT	RESENT				+145=		1		100	
• 1	f the differenc	ce in column 1 is	s less than	zero, enter	*0* in	column 2		TOTAL	+	OR OR	TOTAL	400	
i		CLAIMS AS	AMEND	FD - PART	. PART II				<u> </u>	100		AIN	
		(Column 1)		(Column 2) (Column 3)				OTHER THAN SMALL ENTITY OR SMALL ENTIT					
AMENDMENTA	8-1-00	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADD TION/ FEE	
	Total	. 24	Minus	- 2	4	= 0		X\$ 9=	1	OR	X\$18=	1-55	
	Independent	. 4	Minus	***	4	= ()	ı	X43=	1 /	OR	X86=	1	
_	FIRST PRES	ENTATION OF M	ULTIPLE C	EPENDENT	CLAIM		İ	+145=	 	1.	+290=	1	
				٠	-		L	TOTAL	 / -	OR	TOTAL	 	
	•		•				A	DDIT. FEE		OR	ADDIT. FEE	<u> </u>	
-		(Column 1)	1	(Colum		(Column 3)	_						
AMENDINENI D		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	•••		=	T	X43= ·	1	OR	X86=		
_	rino i PHESE	ENTATION OF MI	ULTIPLE D	EPENDENT (CLAIM		r	+145=		OR	+290=		
							L	TOTAL	-		· TOTAL	•	
•		(Column 1)		· · .		(Calus = 2:	AI.	DDIT. FEE	L		DOIT. FEE	<u> </u>	
-	`	CLAIMS		(Columni HIGHES		(Column 3)	_	· · ·					
		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA	
	Total	•	Minus	**		=	1	X\$ 9=	766		X\$18=	FEE	
	Independent	•	Minus	•••			\vdash			OR		•	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X43=		OR	X86=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+290=		
- п	the "Highest Nur	nber Previously Pa	id For IN Th	RIS SPACE is le	ess than	20. enter "20 "	A 200	TOTAL DIT. FEE		OR .	TOTAL		
-0	the "Highest Nu	mber Previously Pa ber Previously Paid	id For IN Th	HS SPACE IS IN	ess than	3 Antar *2 *			لسست	. ~	DDIT. FEE (mo 1.		
			-	-									

Application or Docket Number